

Filing of Candidacy for Special District Nomination

SEL 190
rev 01/10: ORS 255.236

FEB 09 2011

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Candidate Name Greg McColley		Filing for Office of DISTRICT Malibu Peral Free Dist.	
How Name Should Appear on Ballot ✓ Greg W. McColley		District, Position or Zone Number if applicable Director Position #4	
Residence Address, Street/Route 2317 Railroad			
City Malibu	State Oregon	Zip Code 97632	County of Residence CLATSOP
Home Phone 541-723-5895	Work Phone 530-667-5117	Cellular Phone 541-591-0852	
Fax 0	Email Address 0	Date of Election	
Mailing Address where all correspondence will be sent, Street/Route P.O. Box 504			
City Malibu	State Oregon	Zip Code 97632	

Filing of candidacy by declaration, with the required \$10.00 fee.

Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Occupation present employment - paid or unpaid
Employee UNIV. CALIF DAVIS

Occupational Background previous employment - paid or unpaid

0

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
Lost River High School	12 grade		

Other:

Required information: (if no relevant information, list "none")

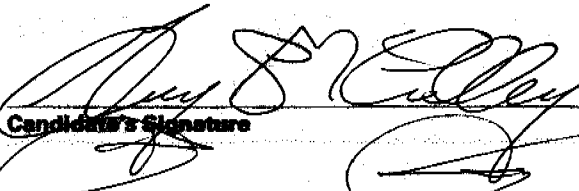
Prior Governmental Experience elected or appointed

By signing this document, I hereby state:

- that I will qualify for said office if elected
- that all information provided by me on this form, including my occupation, educational and occupational background, and prior governmental experience, is true to the best of my knowledge

Check the applicable box:

- By marking this box, I certify I do not have an existing candidate's committee and I do not expect to spend more than \$350 or receive more than \$350 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$350 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.
- By marking this box, I certify that I have already filed or will soon file a Statement of Organization for Candidate Committee (SEL 220). For detailed instructions, see the Campaign Finance Manual.


Candidate's Signature

1/17/2011
Date Signed

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Warning

Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715) No person may be a candidate for more than one district office, unless the district has less than 10,000 electors residing in the district. No person may be a candidate for more than one position on the same board to be filled at the same election. (ORS 249.013).

For Office Use Only


Initials


Cash for Check Number

Candidate ID Number

Receipt Number

Office Number

Filing of Candidacy for Special District Nomination

FEB 09 2011

SEL 190
REV 07/10: OPS 250,255

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Candidate Name DAVE A. BRUNNEMEN		Filing for Office of MAJIN RURAL FIRE PROTECTION DISTRICT	
How Name Should Appear on Ballot DAVE A. BRUNNEMEN		District, Position or Zone Number if applicable director position #5	
Residence Address, Street/Route P.O. BOX 324			
City MAJIN	State OR	Zip Code 97632	County of Residence KIMATH
Home Phone 541-892-3897	Work Phone 530-640-0155	Cellular Phone 541-892-3897	
Fax	Email Address	Date of Election	

Mailing Address where all correspondence will be sent, Street/Route
P.O. BOX 324

City MAJIN	State OR	Zip Code 97632
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- Filing of candidacy by declaration, with the required \$10.00 fee.
- Filing of candidacy by petition, with the required signature sheets bearing the signatures of at least 25 electors or at least 10% of the electors residing in the electoral district for the office (whichever is less), certified by the appropriate county elections officials.

Occupation present employment - paid or unpaid
modoc county road DEPT.

Occupational Background previous employment - paid or unpaid

Educational Background schools attended, use attachment if needed

Complete Name of School no acronyms	Last Grade Level Completed	Diploma/Degree/Certificate (AA, BA, BS, MA, PhD, etc)	Course of Study optional
modoc union High School	12		

Other:

Required information (if no relevant information, list "none")

Prior Governmental Experience elected or appointed

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D.A. Bern

1-16-11

Candidate's Signature

Date Signed

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Initials

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